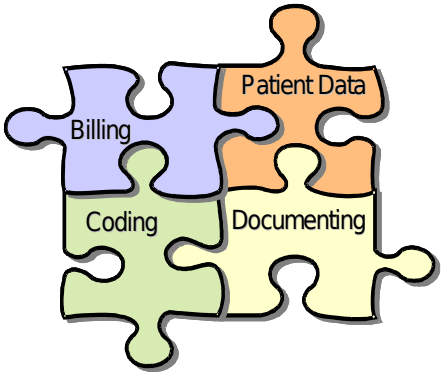
CORE COMPETENCIES

2005 UBU/UBO Conference MSA Workshop (Track 7)

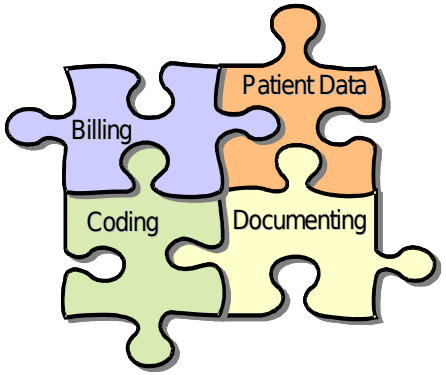


Thursday - May 19

Contents:

1. MSA Reports: What is Important? (Mootz, Donald)
2. Billing Obstetrics Care (Yoder, Lt Col Jeanne)
3. Foreign Military Billing (Hooten, Karrie; Lemon, Steve)
4. Solutions: Routine MSA System Issues (Mootz, Donald)
5. Ambulance Billing - a MSA Function? (Washington, Chandra)

CORE COMPETENCIES



MSA Reports: What is Important?

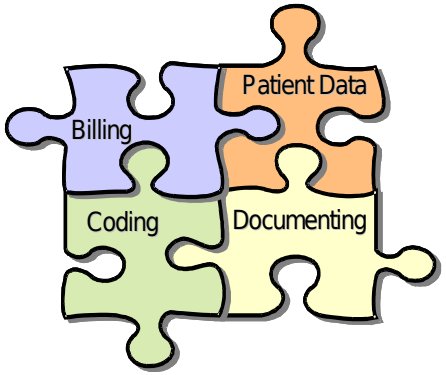
Donald J. Mootz

19 May 2005/0800-0900

Track 7, MSA

CORE COMPETENCIES

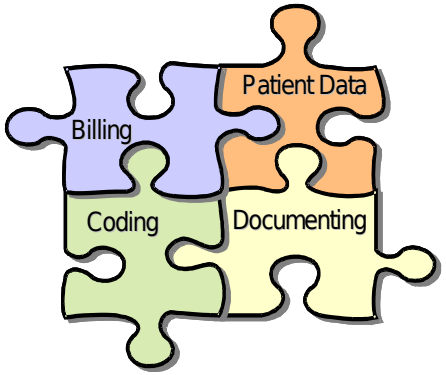
Objective
What is Important?



- **Key: Your Input**
- **Daily**
- **Monthly**
- **Quarterly**

CORE COMPETENCIES

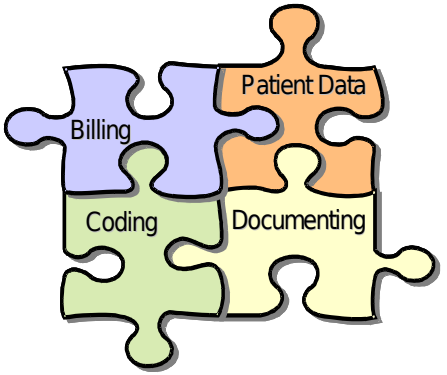
MSA Reports

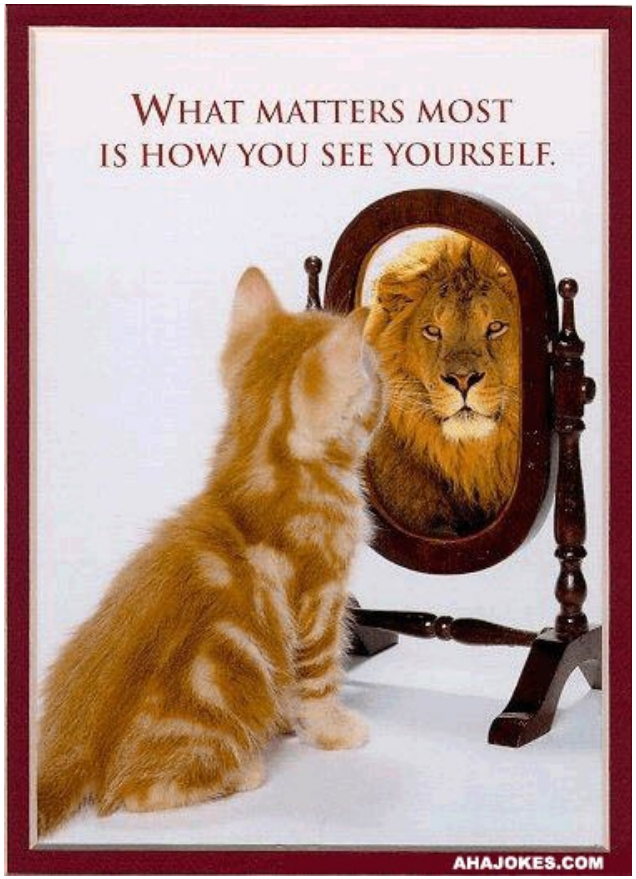


- How Do You See Yourself?

CORE COMPETENCIES

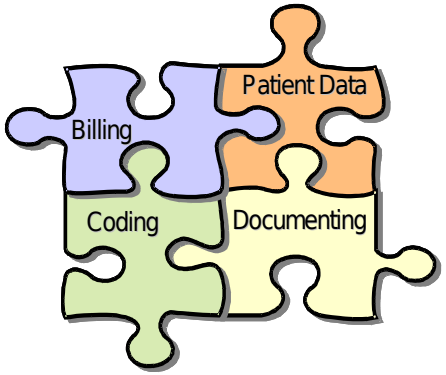
MSA Reports (educate others)





CORE COMPETENCIES

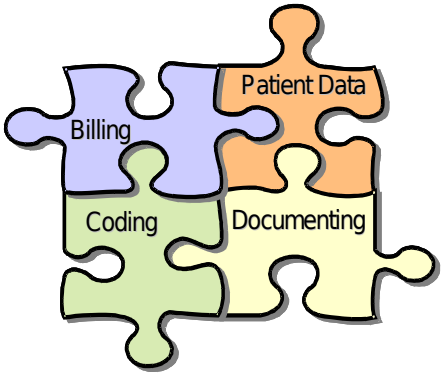
MSA Reports



- What Reports Are Most Important?
- Two Responses
  - Detail Schedule of Accounts by Age
  - Outpatient Itemized Billing Preview List

CORE COMPETENCIES

NIGHTLY REPORTS



Run Daily

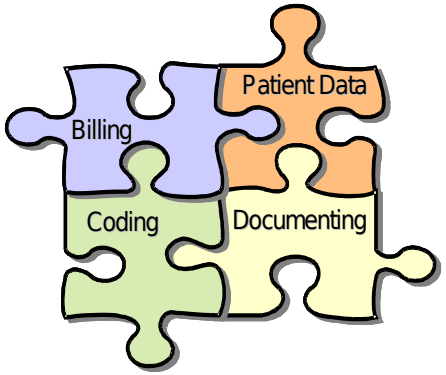
MSA->NPM Nightly Processing Menu

- NRR Nightly Run Recovery Process
- RUN Nightly Run
- CLQ Clear Print Queue Files
- **PRT Print Nightly Reports**
- TSR Transfer Summary Reprint

REMEMBER TO 'CLQ' Clear Print Queue
AFTER THE NIGHTLY REPORTS HAVE BEEN RUN SUCCESSFULLY

CORE COMPETENCIES

NIGHTLY Reports
(continued)

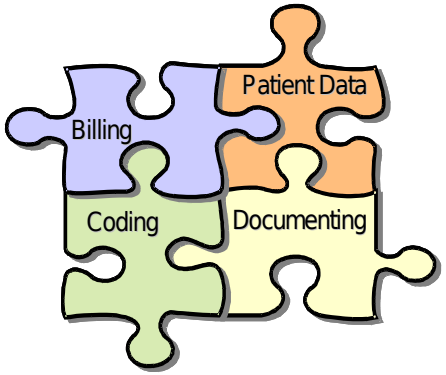


- Select Nightly Run Report(s) for Printing

  * Batch DD139
  * Batch Delinquent Letters
  * Batch Invoice and Receipts
  * Transfer DD139's
  * Transfer Delinquent Letters
  * Transfer Invoice and Receipts
  * Transfer Summary

CORE COMPETENCIES

NIGHTLY REPORTS
(continued)

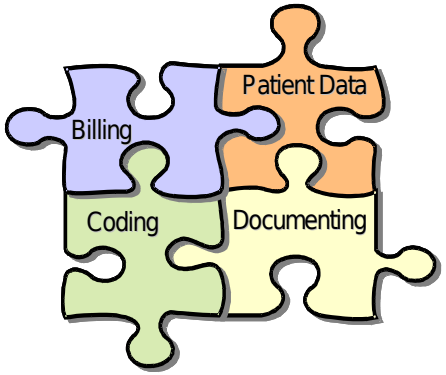


MSA->NPM->CLQ

CLQ Clear Print Queue Files

CORE COMPETENCIES

NIGHTLY REPORTS
(continued)

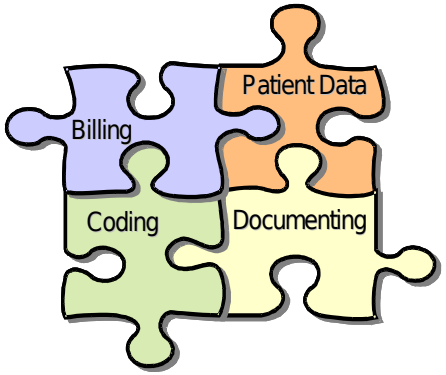


- **Select MSA System Menu Option: NPM Nightly Processing Menu**

- **NRR Nightly Run Recovery Process**
- **RUN Nightly Run**
- CLQ Clear Print Queue Files
- PRT Print Nightly Reports
- TSR Transfer Summary Reprint

CORE COMPETENCIES

OIB REPORTS
Run Daily

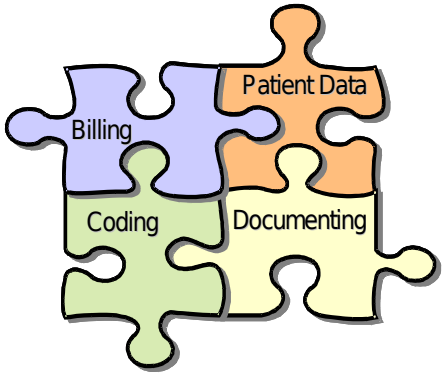


Select MSA System Menu Option: OIB Outpatient Itemized Billing Menu

- ECR Outpatient Charge Exclusion Report
- EXC OIB Exception Report
- **IBP Outpatient Itemized Billing Preview List**
- **ONR MSA Outpatient Notify Roster**
- VER OIB Insurance Verification Report

CORE COMPETENCIES

IBP
Outpatient Itemized Billing Preview List



Personal Data - Privacy Act of 1974 (PL 93-579)

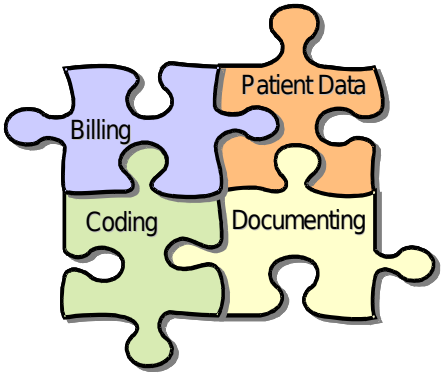
* * * MSA Outpatient Itemized Billing Preview List * * *

DMIS ID: 0000

Svc Date	MSA Account	Pat Cat	Patient	Eff Ins	FMP/SSN	Svc Cat	Charges
01Oct03	A257	K99	RRRR,JJJJ	N	99/0101	OPE+	0.00
30Jul04	**A5807**	**N12**	**UUUUU,AA**	**N**	**20/1212**	**OPE**	**0.00**
20Aug04	**A5873**	**N12**	**BBBB,AA B**	**N**	**20/0000**	**OPE+**	**103.40**
25Aug04	**A5973**	**F12**	**MAAA,GGG**	**N**	**20/1111**	**OPE+**	**0.00**

CORE COMPETENCIES

ONR
MSA Outpatient Notify Roster



Personal Data - Privacy Act of 1974 (PL 93-579)
* * * **MSA OUTPATIENT NOTIFY ROSTER** * * *
GROUP DMIS: 0123
TREATING DMIS: 0123
MEPRS CODE: MISSING

ACCT NO PATIENT FMP/SSN
NOTIFY DATE MESSAGE

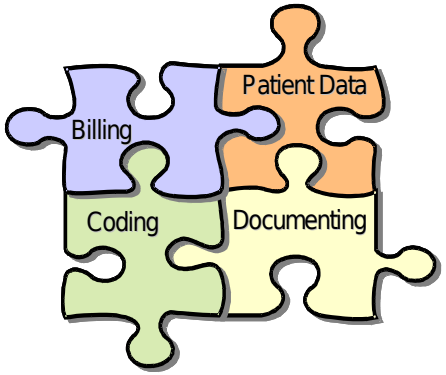
A8263 AAAA,JJJ N 20/000-11-0000
07 Apr 2005 BILLING ADDR OF OLD ACCT IS DIFFERENT FROM THAT OF CURRENT ACCOUNT

A8277 SMMM,EEEE D 20/000-33-0000
07 Apr 2005 INACTIVE NDC CODE NDC: 00006-0735-54

*** End of Report ***

CORE COMPETENCIES

Notify Roster
MSA->MSR->NRR



This INPATIENT Notify Roster will list accounts that have changed-admission canceled/changed, are missing data, refund, etc.

Personal Data - Privacy Act of 1974 (PL 93-579)
* * * **NOTIFY ROSTER** * * *

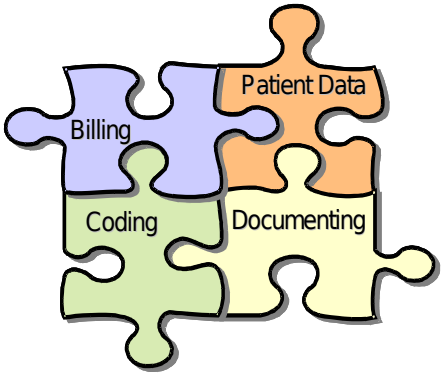
ACCT NO PATIENT FMP/SSN
MESSAGE NOTIFY DATE

663965 JOOOO,FFFF 20/000-00-0000
OVERPAYMENT OF FUND SITE - SF1049 WILL BE PRODUCED 04 May 2005

After the problem with the account has been remedied, open the account and clear the notify message

CORE COMPETENCIES

Monthly Reports



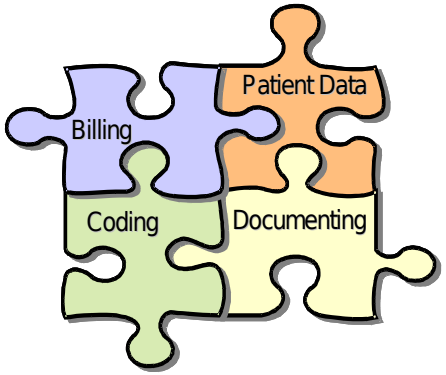
MSA->MRM Monthly Reports Menu

- **186 Accrual -- 1860R Detail Report**
- **CBR Central Billing/Local Collection**
- **D10 Enlisted 1080 Report with Detail**
- **DD7 DD7 Report**
- **E10 Enlisted 1080 Report**
- **MMD Monthly Medical Services Activity Detail Report (*long report - Q to run at night*)**
- **MMR Monthly Medical Services Activity Report**
- **O10 1080 Report**

CORE COMPETENCIES

Monthly Reports

MSR Cashier/MSA Reports Menu



AAR Active Accounts Receivable Report

CCR Cash Collection Detail Report

CRA Clinical Records Pending DRG Billing Report

FCV Final Cash Collection Voucher

IRR Invoice and Receipt

SDS DRG-Eligible Indicated Same Day Surgery Report

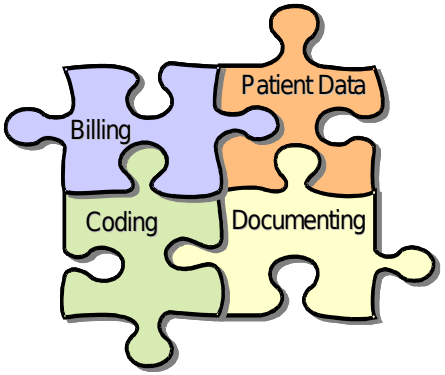
STM Consent Statement

TWO Accts Subject to Transfer/Write-off

VCL Voucher Control Listing

CORE COMPETENCIES

Monthly Reports TPCP

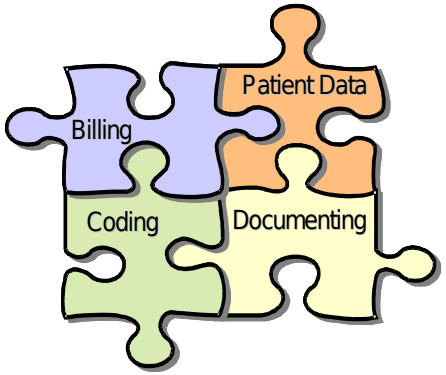


MSA->IFM->OPM

AAR	TPC Accounts Receivable Report
CRA	Clinical Records Pending DRG Billing Report
CSD	Insurance Claim Summary by Date Range
IOP	TPC Negative Balance Report
LOG	Insurance Payment Log
MMR	TPC Monthly Activity Report
NOT	**Insurance Notify Roster**
OFF	TPC Writeoff Report
REC	TPC M M S A Reconciliation Report
SDS	DRG-Eligible Indicated Same Day Surgery Report
TRF	Outstanding Insurance Transfer List
UNK	Report of Policies with Unknown Companies

CORE COMPETENCIES

Quarterly TPCP



Even though they are 'Quarterly Reports', they can be run monthly.

WARNING

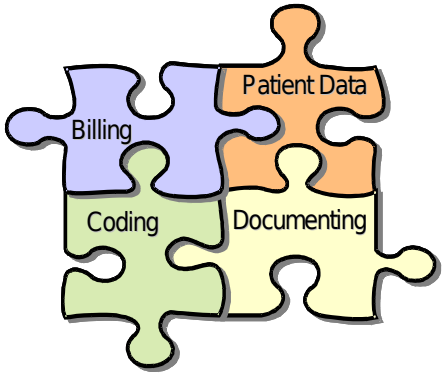
DO NOT FINALIZE ANY OF THESE REPORTS UNTIL THE QUARTER HAS ACTUALLY ENDED.

WHEN THE SYSTEM ASKS - SAY "NO".

DSA	DRG Billing Analysis ASCII Format
DSL	DRG Billing Analysis Report
EPR	TPC Report of Program Results Detail
GSC	TPC Aging Schedule Report
HAG	TPC Aging Schedule Detail Report
PRR	TPC Report of Program Results
SAR	TPC Collection Source Analysis
TYR	TPC Insurance Type Report

CORE COMPETENCIES

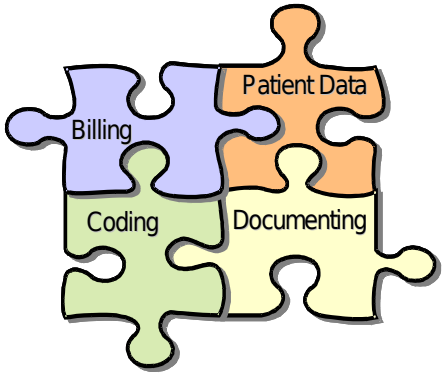
Summary
MSA Reports

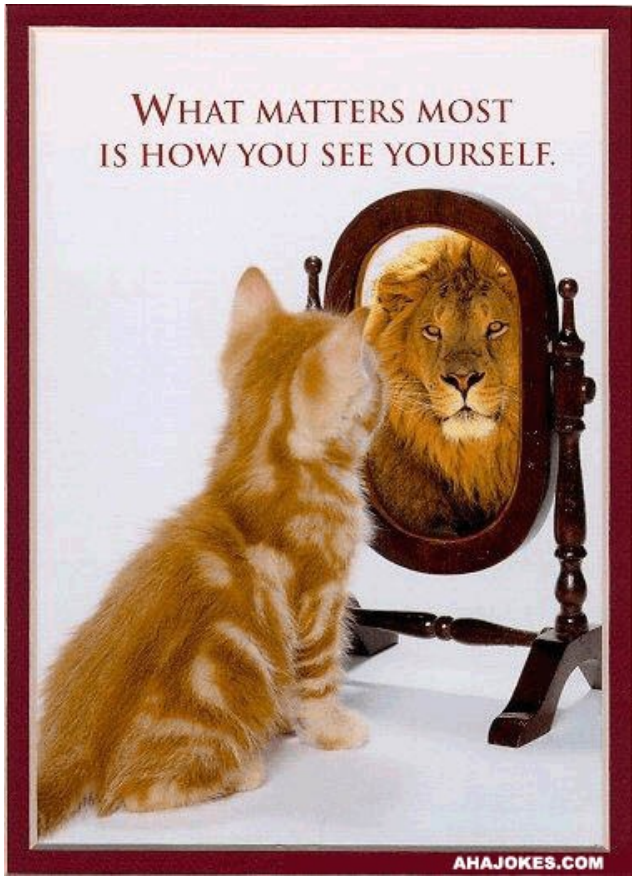


- Daily
- Monthly
- Quarterly

CORE COMPETENCIES

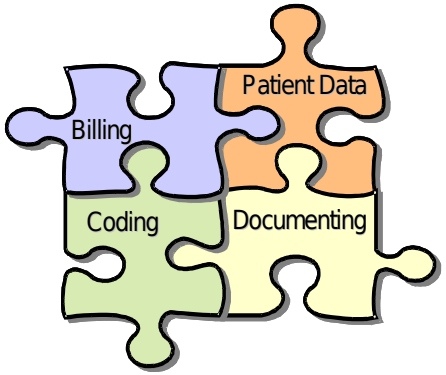
MSA Reports



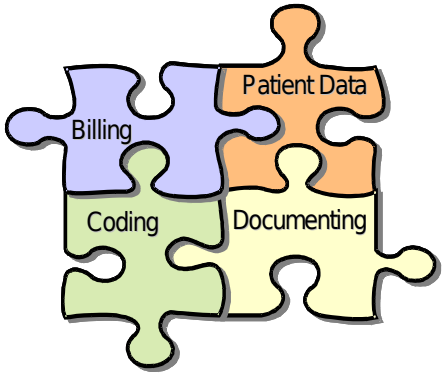


CORE COMPETENCIES

MSA REPORTS



CORE COMPETENCIES



Billing Obstetrics Care

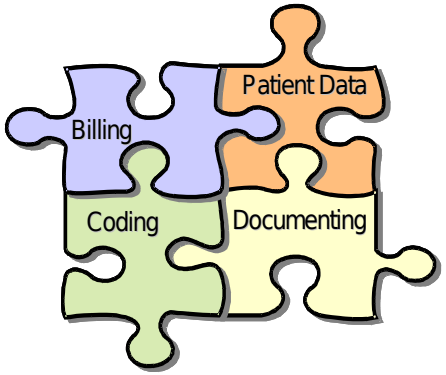
Lt Col Yoder

Thursday 0900

Track 4

CORE COMPETENCIES

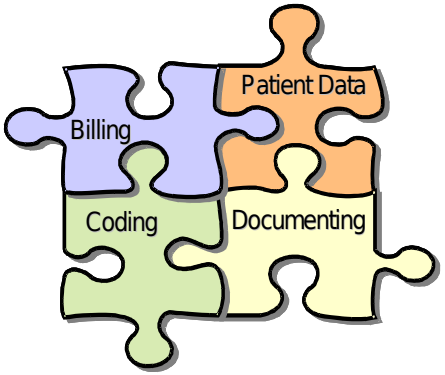
Objectives



- Understand civilian obstetrical coding
- Understand the military health system (MHS) billing system
- Understand how to bill routine OB outpatient services
- Understand how to bill inpatient OB services

CORE COMPETENCIES

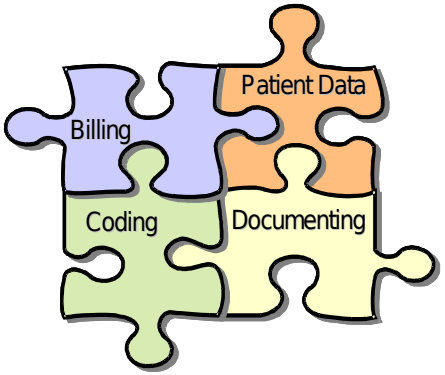
Civilian Outpatient OB Coding



- Clump Codes (Inpatient and outpatient combined)
- 59400 – Routine OB including antepartum, vaginal delivery and postpartum care
- 59510 – Routine OB including antepartum, C-section and postpartum
- 59610 – Routine OB including antepartum, VBack and postpartum

CORE COMPETENCIES

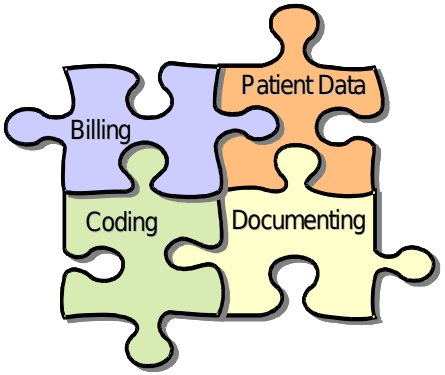
Civilian Outpatient OB Coding



- Clump Codes
- 59425 – 4-6 routine OB outpatient visits
- 59426 – 7-13 routine OB outpatient visits
- 59430 – Postpartum care only

CORE COMPETENCIES

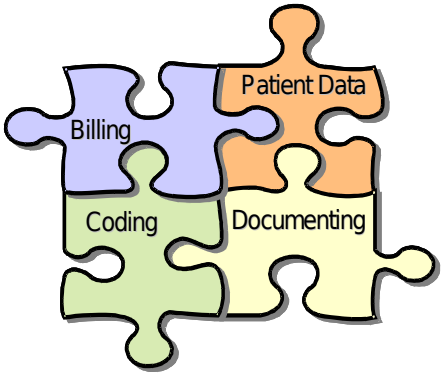
OB Codes



- 0500F – Initial prenatal care visit
- 0501F – Prenatal flow sheet documented in medical record by first prenatal visit
- 0502F – Subsequent prenatal care visit
- 0503F – Postpartum care visit

CORE COMPETENCIES

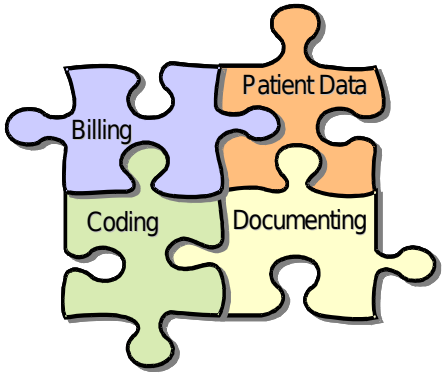
Civilian Inpatient OB Coding



- 59409 Vaginal delivery only
- 59514 C-section delivery only
- 59612 Vaginal after previous Cesarean delivery only

CORE COMPETENCIES

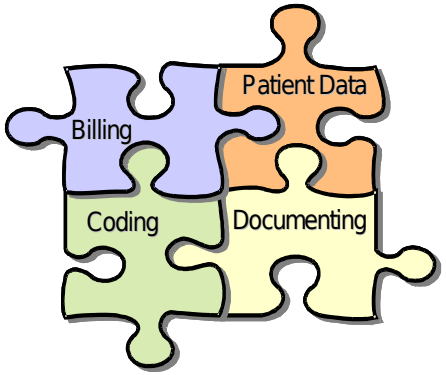
TPOCS Billing Limitations



- "Clump Codes"
  - TPOCS will not "collect" individual codes until a flag, add them up, and bill
  - Only bill "outpatient"

CORE COMPETENCIES

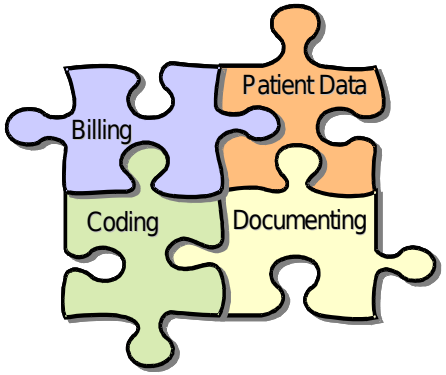
MSA Billing Limitations (Inpatient Billing)



- Both professional and institutional bills included in the Adjusted Standardized Amount (ASA)
- Workload based on the Relative Weighted Product (RWP) which is based on the Diagnosis Related Group (DRG)
- Inpatient professional services (including anesthesia and OB provider) is 3.5% of the total inpatient price

CORE COMPETENCIES

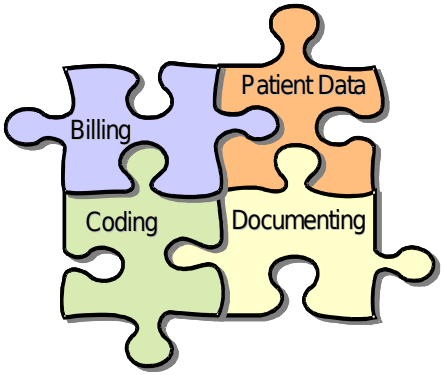
Billing Routine Outpatient OB Services



- Work with your systems people
  - Generate a monthly ad hoc that reports:
  - Pt name, all encounters with 0500F, 0501F, 0503F, 59430; date of last menstrual period (LMP)
  - When you see a patient with a 0503F or 59430, that means there is an outcome of pregnancy
  - Count up all the 0500F, 0501F and 0503F
    - For 4-6 encounters, bill 59425
    - For 7+ encounters, bill 59426
    - If fewer than 4 encounters, ask coders to recode the encounters based on documentation for regular E&M, then bill those
  - The encounter coded with 59430 will generate its own bill

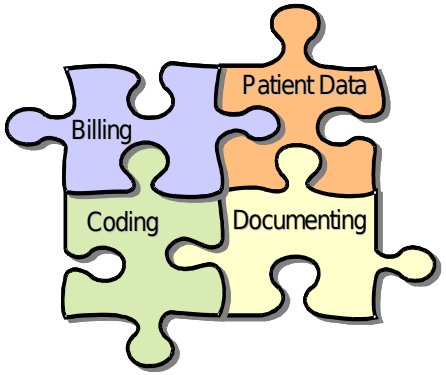
CORE COMPETENCIES

Billing Routine Inpatient OB Services



- Bill is only for the delivery component, it does not include the antepartum or postpartum care
- It is not illegal as billing this way generates a bill less than if it was 59400

Objectives



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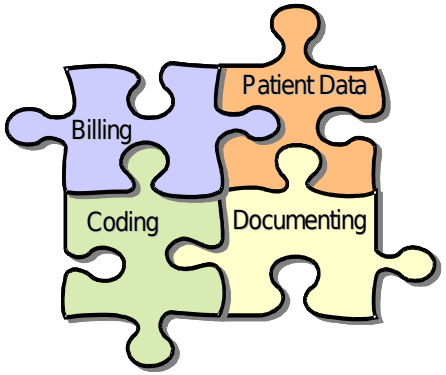
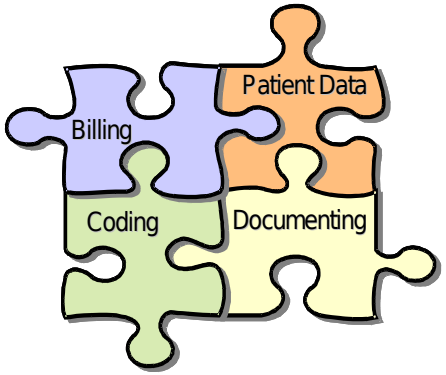
CORE COMPETENCIES



Questions?

CORE COMPETENCIES

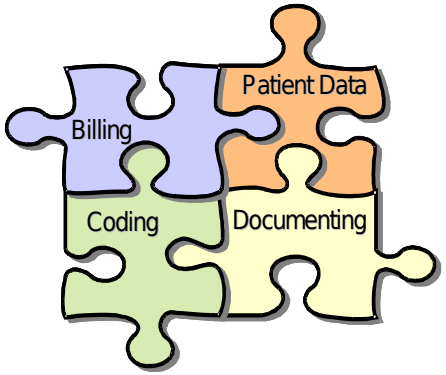


Foreign Military Billing

Karrie Hooten/Steve Lemon

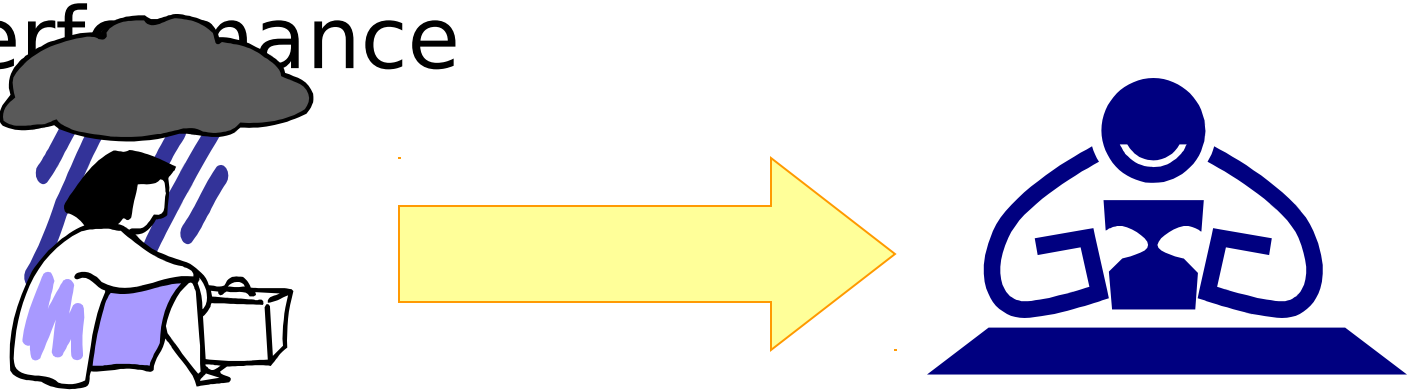
May 19, 2005

Track 7, MSA

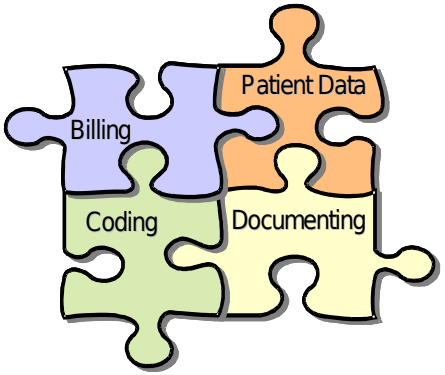


Purpose

- Help MSAO's understand Foreign Military Billing process
- Clarify confusing issues
- Provide tools for improved performance

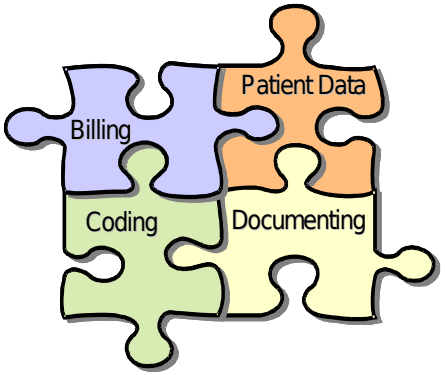


CORE COMPETENCIES



Agenda

- Authorizations of care
- PATCAT's and data flow
- Treatment provided by non-DoD facility
- Submission of bills
- Regulations



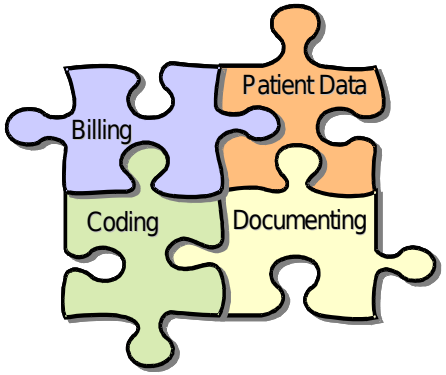
Authorities for Care

- International Travel Orders (for students and their dependents)
- ID card/letter
- DEERS
- Agreements

CORE COMPETENCIES

International Travel Orders (ITO):

How to Read the ITO



Funding: identifies training program

- Foreign Military Sales (FMS)

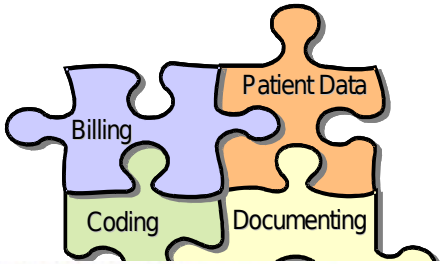
  EG-B-OEN

  TW-P-TDL

  IS-D-TNF
- International Military Education & Training (IMET) – IMET 05
- Couterterrorism Fellows Program (CTFP) – JO-B-B05

CORE COMPETENCIES

International Travel Orders



INVITATIONAL TRAVEL ORDER (ITO) FOR INTERNATIONAL MILITARY STUDENT (IMS)

1. ITO Number: [redacted] 2. Country: United Arab Emirates 3. Date: [redacted]

The U.S. Government hereby issues this ITO for the IMS herein named to attend the course(s) of instruction herein listed, subject to the terms and conditions contained herein, and as may be amended by competent authority. This ITO is the only document that will be used and is valid only for the IMS entering U.S. training under the Foreign Assistance Act of 1961, as amended, or the Arms Export Control Act.

Definitions of acronyms and abbreviations contained in this document, and instructions for completing this form are provided in the Joint Security Assistance Training Regulation, JSATR (SECNAVINST 4950.4A/AR 12-15/AFR 50-29). This computer generated, letter format ITO is authorized in accordance with the Security Assistance Management Manual (SAMM), DoD 5105.38-M, Para 100401.

4. Issuing Security Assistance Organization (SAO):
   a. Name of Organization: United States Liaison Office
   b. Mailing Address: Department of State
   6010 Abu Dhabi Place
   Washington, DC 20521-6010

5. Funding: FMS AE-P-TAK

6. IMS Information:
   a. Name: [redacted]
   b. Sex: [redacted] c. Country Service Rank.: [redacted]
   d. U.S. Equivalent Rank/Pay Grade: [redacted] e. Country Service: Other Defense Organizations
   f. Country Service No.: [redacted] g. Date of Birth: [redacted]
   h. Place of Birth: [redacted] - United Arab Emirates i. Passport No: [redacted]

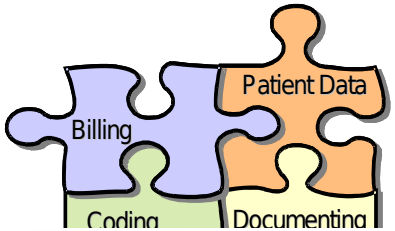
7. Invitation: The Secretary of the Department of the Navy invites the IMS listed in item 6, this order, to proceed on or about [redacted] from United Arab Emirates to QUANTICO, VA 22134 for the purpose of commencing training listed in item 8, below.

8. Authorized Training: No additional training to that specified in this order will be provided.
   WCN: [redacted] RCN: [redacted] MASL: [redacted] TITLE: COMMAND & STAFF COLL USMC
   Military Service Course No.: [redacted] School: CG EDCOM QUANTICO VA//C40 IO//
   Location: QUANTICO, VA 22134 Report Date: [redacted] End Date: [redacted]

Last line of training

CORE COMPETENCIES

International Travel Orders



9. Fund Cite:
10. Language Prerequisites: IMS completed the in-country DLI English language proficiency exam as follows: Exam No.: [redacted] Date Completed: [redacted] Score: [redacted]

Highest ECL: [redacted]

11. Security: U.S. security requirements have been complied with. The home Government has granted the IMS a security clearance. This of itself does not permit the disclosure of classified U.S. information. Such disclosure must be specifically authorized by an official delegated authority and U.S. foreign disclosure regulations or directives. Home Country: United Arab Emirates Equivalent U.S. Classification Level: SECRET

12. Conditions:

a. Dependents: Dependents are authorized by the IMS's home country and the DOD Security Assistance Organization in-country to accompany IMS or join IMS while in training, but will not be transported nor subsisted at U.S. Government expense. IMET IMS is not authorized an increase in living allowance due to presence of dependents.

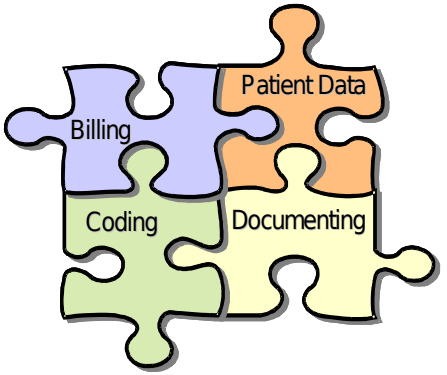
a.1. Accompanying Dependent's Name	Relation	DOB
[redacted]	Wife	[redacted]
[redacted]	Daughter	[redacted]
[redacted]	Daughter	[redacted]
[redacted]	Son	[redacted]

b. Medical Services:

IMSs: FMS IMSs: Charges for outpatient and inpatient care, immunizations, and medical examinations will be collected from: Foreign Government

Dependents: Authorized accompanying dependents of IMET and FMS IMSs: Charges for outpatient and inpatient care, immunizations, and medical examinations will be collected from: Foreign Government.

TMS Generated Invitational Travel Order Page 1 of 3

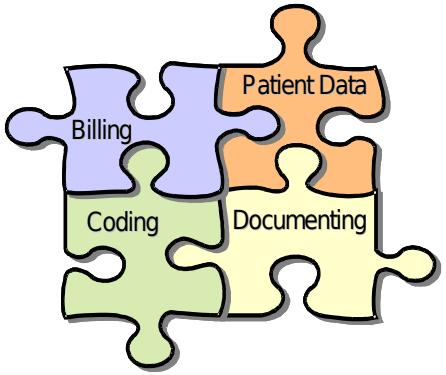


Non-Student Visitor

A foreign national visitor that is not a student will not be issued an ITO.

Visitors should have some kind of documentation to identify themselves and their home country.

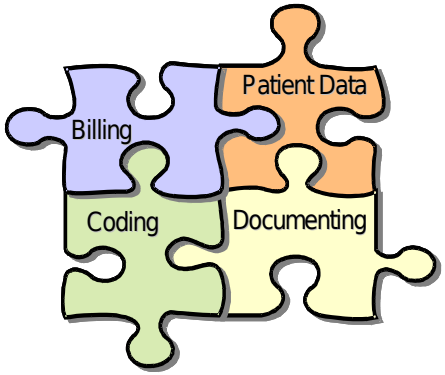
- ID card
- Letter of Invitation



DEERS

- Check for TRICARE eligibility of NATO/PfP SOFA military members and their dependents
- Foreign Identification Number (FIN)

CORE COMPETENCIES



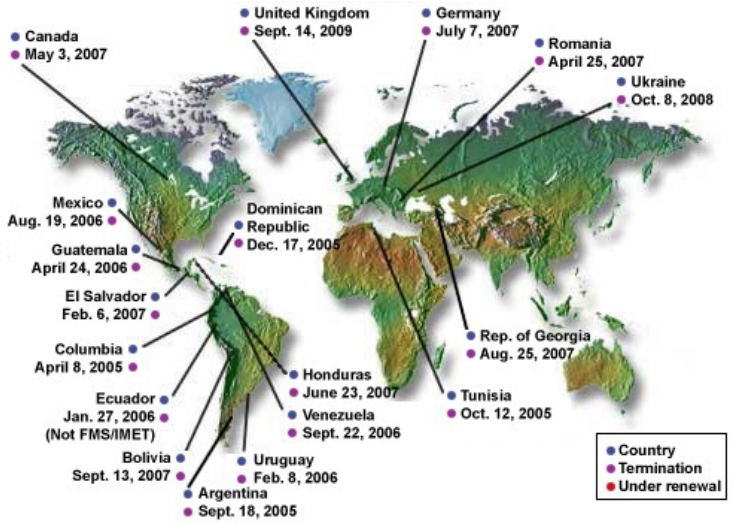
Agreements

- Reciprocal Health Care Agreement

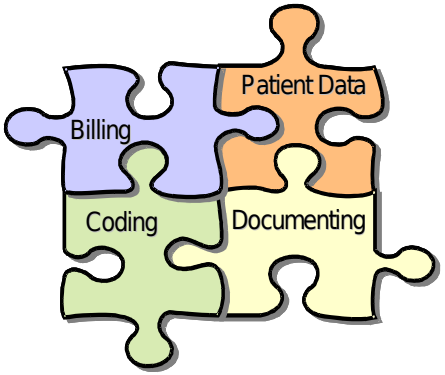
Signed by Assistant Secretary of Defense for Health Affairs

- Status of Forces Agreem
  - NATO
  - Partnership for Peace

Note: DoD facilities only



www.armymedicine.army.mil/hc/ip/intl_prgms.htm



RHCA Restrictions

Example: Ecuador-excludes FMS/IMET & dependents

SECTION II
HEALTH CARE TO BE MADE AVAILABLE BY THE UNITED STATES

The Department of Defense of the United States shall make available (with the exception noted in subsection 2, below):

1. For military members, outpatient and inpatient care in Department of Defense medical and dental facilities, without cost.

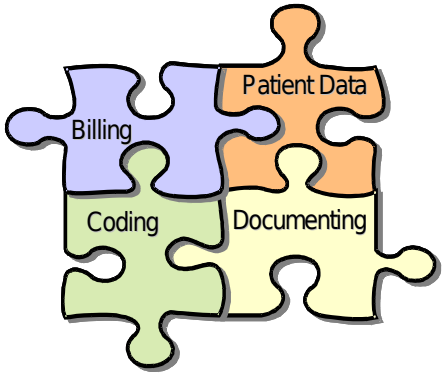
2. For dependents:

- Outpatient and inpatient medical care in Department of Defense medical facilities, without cost, and

- Dental care in Department of Defense medical and dental facilities, without cost, to the same extent that such care is made available to dependents of United States military members in these facilities.

3. As an exception to 1. and 2., above, military members in the United States under the Foreign Military Sales (FMS) and International Military Education and Training (IMET) programs, and their dependents, are not covered by this agreement.

CORE COMPETENCIES



PATCAT Flowchart

Start

Patient covered by RHCA

No

Continue on chart A

Yes

Patient NATO

No

Family member

No

R74

Yes

R75

Yes

Family member

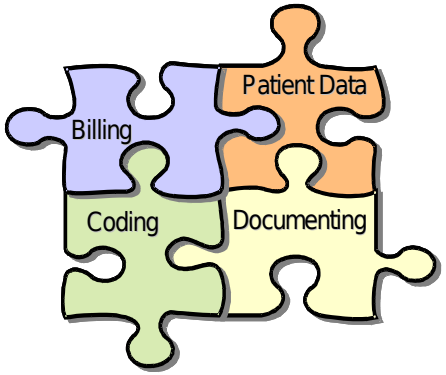
No

R72

Yes

R73

CORE COMPETENCIES

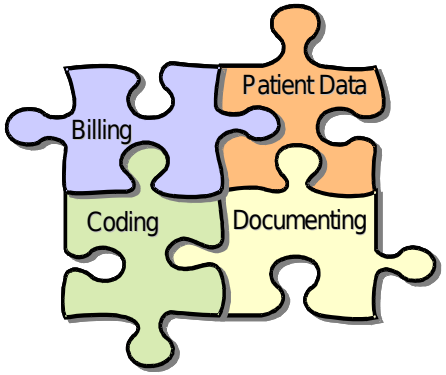


PATCAT Flowchart (A)

Patient IMS
Yes
Continue on chart B
No
Patient dependent
No
Patient military
Yes
NATO
Yes
K72
No
K742
No
K76A
Yes
IMETP or FMS
Yes
NATO
Yes
IMS's responsibility
Yes
K75A
No
K75B
No
NATO
Yes
K73C
No
K75C
No
IMS's responsibility
Yes
K73A
No
K73B

CORE COMPETENCIES

PATCAT Flowchart (B)



IMETP or FMS

IMET

NATO

Yes

Patient military

Yes

K71A

No

K71B

No

K71C

FMS

NATO

Yes

Patient military

Yes

IMS's responsibility

No

K71F

No

IMS's responsibility

No

K71J

Yes

K71I

No

IMS's responsibility

Yes

K71G

No

K71H

Yes

K71E

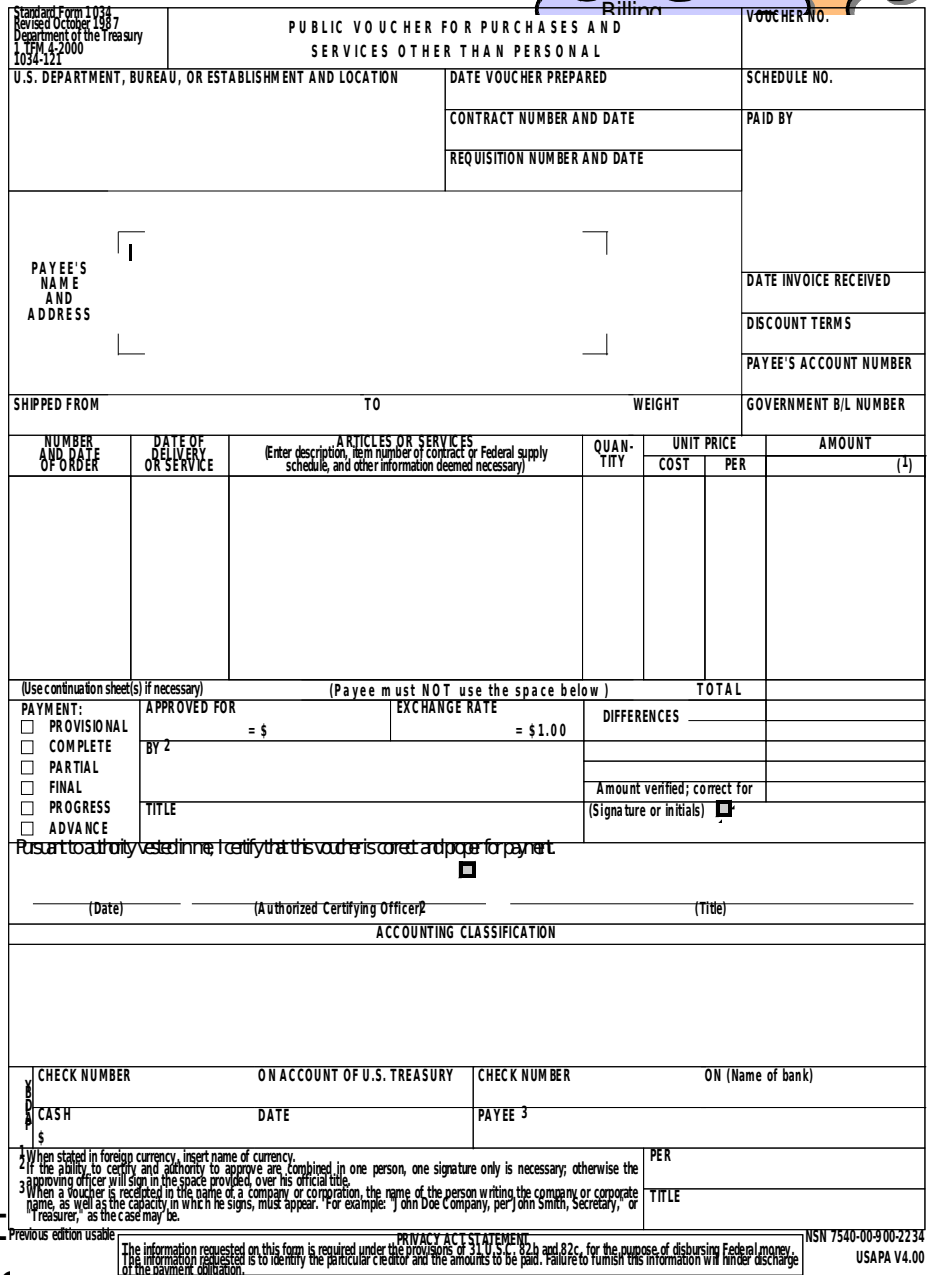
CORE COMPETENCIES

Non-DoD Care

- Bills come to MTF
- MSAO will prepare and sign SF 1034
- Submit SF 1034 and other documentation for payment
- MEDCOM assigns accounting classification and submits to VP

Patient Data

Billing



Standard Form 1034
Revised October 1987
Department of the Treasury
I TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM TO WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT (1)

(Use continuation sheet(s) if necessary) (Payee must NOT use the space below) TOTAL

PAYMENT:
☐ PROVISIONAL
☐ COMPLETE
☐ PARTIAL
☐ FINAL
☐ PROGRESS
☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

BY 2

TITLE

Amount verified; correct for

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) 2 (Title)

ACCOUNTING CLASSIFICATION

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER ON (Name of bank)

CASH DATE

PAYEE 3

$

1 When stated in foreign currency, insert name of currency.
2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
3 When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

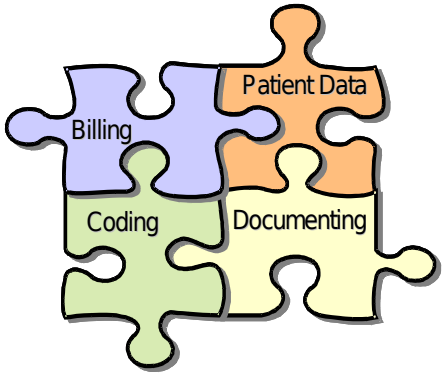
PER

TITLE

Previous edition usable

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234
USAPA V4.00

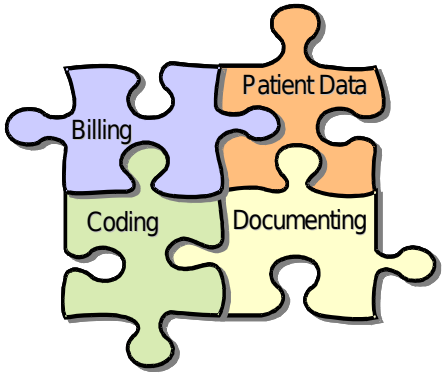


Submitting Bills

- Required Documentation
  - Bill (DD7, DD7A, etc…)
  - ITO/copy of ID card
  - Amendment to ITO (if applicable)
  - SF 1034
  - Insurance information

CORE COMPETENCIES

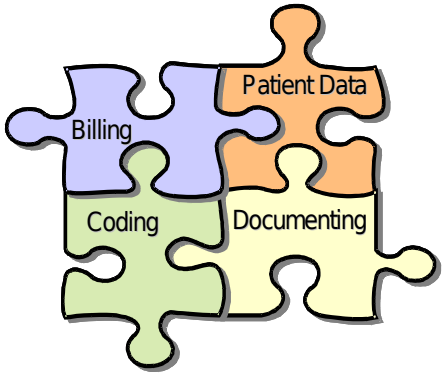
Where to Submit Bills



USAMEDCOM
ATTN: MCRM-F
2050 Worth Rd, Ste 9
Ft Sam Houston, TX 78234

AFSAT/FMF
ATTN: FMS Claims
315 J Street West
Randolph AFB, TX 78150

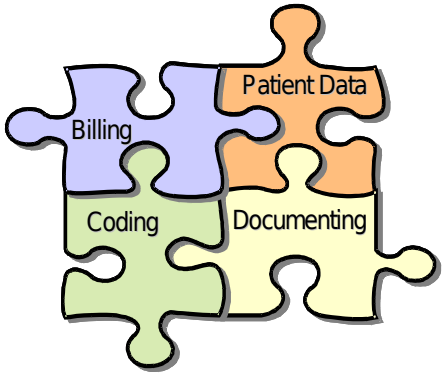
Commander Officer
Naval Ed & Security Assistance
Field Activity Code-N5
Naval Air Station
Pensacola, FL 32508



References

- AR 40-400 (PAD)
- Joint Security Assistance Training (JSAT)
  AR 12-15
  SECNAVINST 4950.4A
  AFI 16-105
- SAMM Chapter 10
- DFAS 37-100-2005
- *International Military Students and Medical Care Handbook*

CORE COMPETENCIES



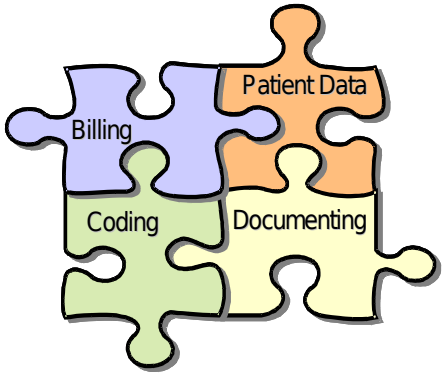
Questions?

Karrie Hooten: (210) 221-7860

DSN: 471-7860

Karrie.Hooten@amedd.army.mil

CORE COMPETENCIES



Solutions:
Routine MSA System Issues

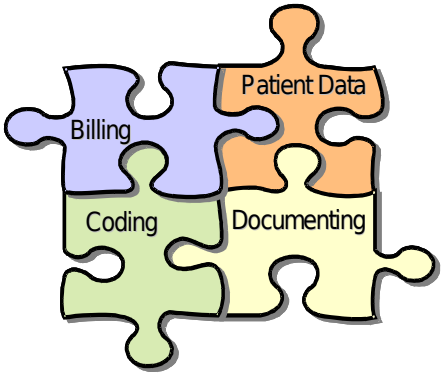
Donald J. Mootz

19 May 2005/1205-1300

Track 7, MSA

CORE COMPETENCIES

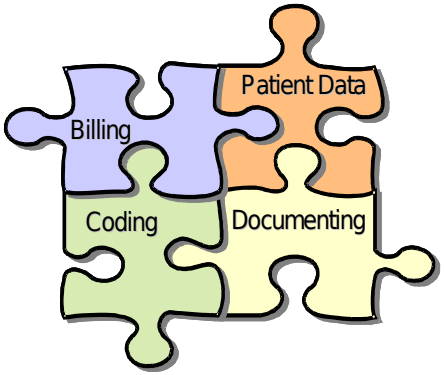
Objectives
'Solutions'



- Recovery Needed
- WARNING: Nightly Run last completed
- Fix Status F and W accounts
- Balance Check issues

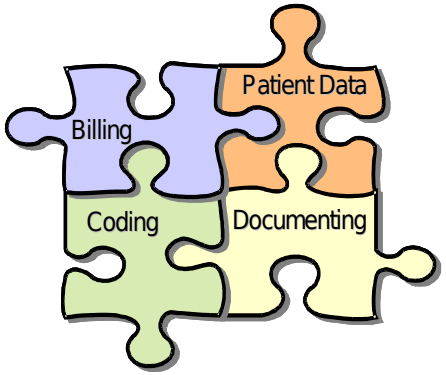
CORE COMPETENCIES

Recovery Needed



- FILE BUSY. NEEDS RECOVERY
- RECORD BUSY. NEEDS RECOVERY
- RECORD BUSY
- BACKGROUND FILING IN PROGRESS. NEEDs RECOVERY

Recovery Needed
continued



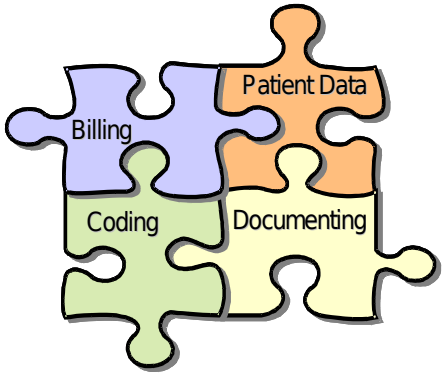
Two Examples:

1. Copy Charges enter option: FILE BUSY. NEEDS RECOVERY

2. EDIT option: RECORD BUSY

CORE COMPETENCIES

Recovery Needed
continued

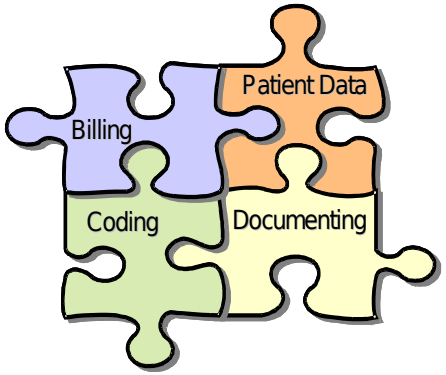


MREC Recovery Background filing process – Utility

1. Are you sure that the system has crashed,
a system check has NOT yet been started
and that MSA options are NOT in use? NO// **YES**

2. Do you want to start a system check process? NO// **YES**

Recovery Needed
continued



Secondary Menu option

- Select Cashier Functions Menu Option: ??
  - >list of menu options, followed by your secondary menu options

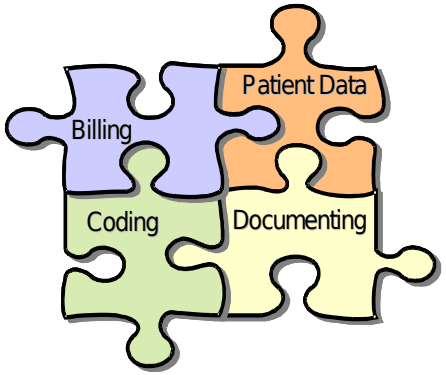
- **You can also select:**

  MBAL Balance Check - Utility

  MREC Recovery Background filing process - Utility

  SPL Spooler Menu

WARNING
Nightly Run

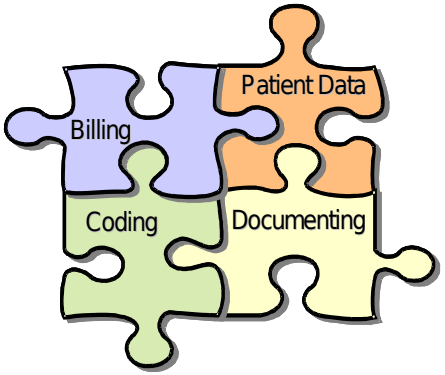


- **MSA MSA System Menu**
  - WARNING: Nightly Run processing last completed on 12 May 2005
- **Select MSA System Menu Option: NPM Nightly Processing Menu**
  - NRR Nightly Run Recovery Process
  - RUN Nightly Run
  - CLQ Clear Print Queue File
  - PRT Print Nightly Reports
  - TSR Transfer Summary Reprint

CORE COMPETENCIES

WARNING

continued



Is the Nightly Run Current?

- MSA->OFM->MPF MSA Parameters Definition

MSA PARAMETERS MSA PARAMETER - AF

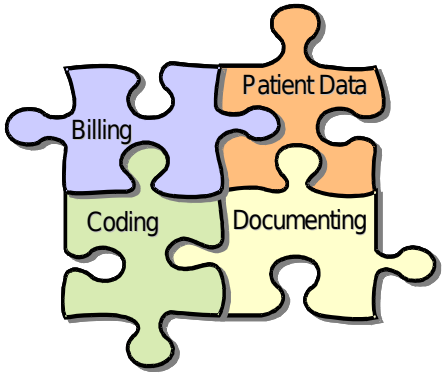
========== **** OFFICE FUNCTIONS ****

MSA OFFICER: MOOTZ,DON J MSA OFF PHONE #: 240-11-0355
MSA OFFICER TITLE: MSA OFFICER
MSA ATTN: 89 MDSS/SGS **LAST NIGHTLY RUN: 19 May 2005**
MSA OFFICE NAME: MED SVC ACCTS OFFICE
MSA OFFICE ADDR: 1050 W PERIMETER RD STE E127
MSA OFF CTY-ST-ZIP: ANDREWS AFB MD 20762-6600

'CONTINUED'

CORE COMPETENCIES

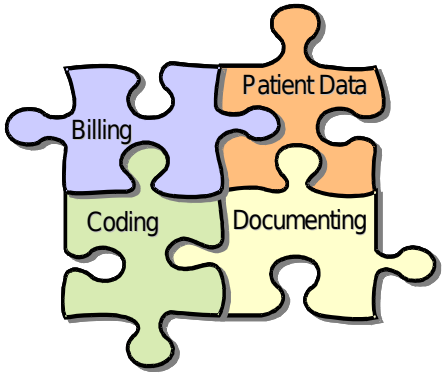
Objectives



- ☺Recovery Needed
- ☺WARNING: Nightly Run last completed
- Fix Status F and W accounts
- Balance Check issues

CORE COMPETENCIES

Status F



TRANSFER: stuck in F status

MSA->CFM->CLK->A617
Dt/Time: 12 Apr 2005@0853 CASHIER ACTION SCREEN
Patient: MOOTZ,DON FMP/SSN: 98/888-21-1111
Act No.: A617 DMIS: 0066 **Status: F** 435.87
Pat Cat: CIVILIAN EMERGENCY Status Dt: 21 Apr 2004 Sales Cd: FOR

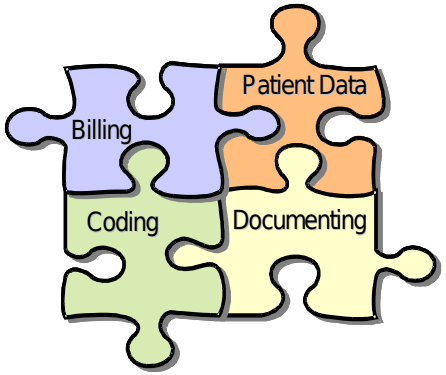
Ins: No valid policy exists Pay Mode:

Remarks: NO ADDRESS OR PHONE#

Total Charges to Date: 435.87 Current Balance: 435.87

Amount Transferred: 0.00

Status F
continued

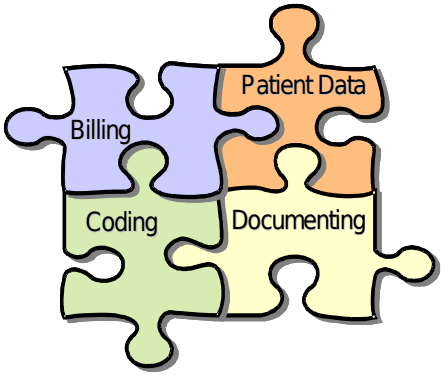


- **Fileman Menu-**>Enter or Edit File Entries
  Input to what file: **CASHIER ACCOUNT**
  Edit which FIELD: **DATE ENTERED**

- Next Nightly run changes F to T

CORE COMPETENCIES

Status F
continued



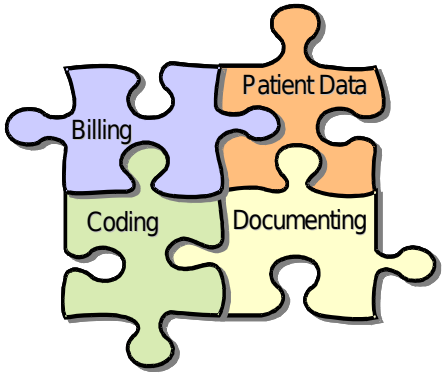
- **FileMan Menu->**Enter or Edit File Entries
- Input to what file: **CASHIER ACCOUNT**// (202248 entries)
- Edit which FIELD: ALL// **DATE ENTERED**

Select CASHIER ACCOUNT ACCOUNT NUMBER: A868
MOOTZ,DON98/1111 26 Jan 2003 168.2 OK? YES// (YES)
DATE ENTERED: 12 Feb 2003// **13Feb2003**

Select CASHIER ACCOUNT ACCOUNT NUMBER: A868
MOOTZ,DON98/1111 26 Jan2003 168.27
DATE ENTERED: 13 Feb 2003// **12Feb 2003**

CORE COMPETENCIES

Status F
continued



MSA->CFM->CLK->A617

Dt/Time: 12 Apr 2005@0853 CASHIER ACTION SCREEN
Patient: MOOTZ,DON FMP/SSN: 98/888-21-1111
Act No.: A617 DMIS: 0066 **Status: T**
Pat Cat: CIVILIAN EMERGENCY Status Dt: 21 Apr 2004 Sales Cd: FOR

Ins: No valid policy exists Pay Mode:

Remarks: NO ADDRESS OR PHONE#

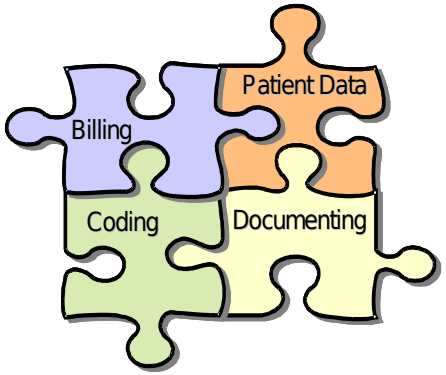
Total Charges to Date: 435.87 Current Balance: 0.00

Amount Transferred:

435.87

CORE COMPETENCIES

Status W



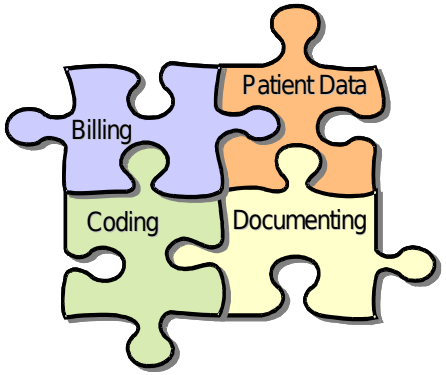
Do Not use Status W for OIB accounts

EXCLUDE the Charges

- **Status W: stays on AAR Report**
- **Status W: okay for OTC**

CORE COMPETENCIES

Status W
continued



Select Cashier Functions Menu Option: CLK Cashier Action Screen

Dt/Time: 12 Apr 2005@0818 CASHIER ACTION SCREEN
Patient: MOOTZ,DON FMP/SSN: 99/236-84-7526
Act No.: A139 DMIS: 0308 **Status: W**
Pat Cat: PATIENT NEC Status Dt: 11 Feb 2004 Sales Cd: FOR

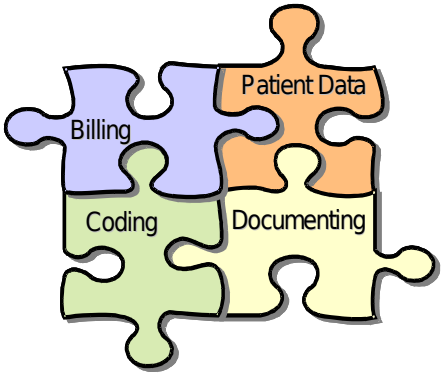
Ins: No valid policy exists Pay Mode:
Remarks:

Total Charges to Date: 23.49 **Current Balance: 23.49**

Amount Transferred: 0.00

CORE COMPETENCIES

STATUS W
continued



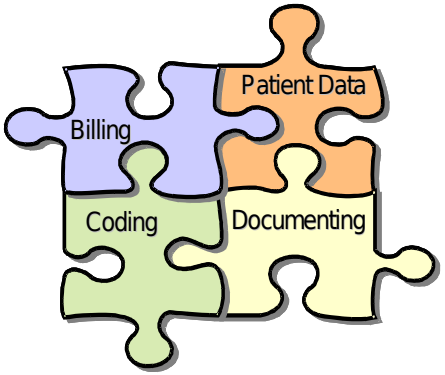
- MSA->CFM->CLK->Account #->Edit->**Status: W** (change to Z)-> Notify message: clear all->Receipt->Calculate-> Exit->CLK-> return to same account and status will now be O/open.

Edit Form Inpatient Msg. **Notify** OIB Patient **Receipt** Status
^^^ ^^^ ^^^

- **EXCLUDE charges** using option OIB->select Svs->Exclude-> select reason->enter yes to exclude->account now has $0.00 charges and removed from AAR

CORE COMPETENCIES

STATUS W
continued



Select Cashier Functions Menu Option: CLK Cashier Action Screen

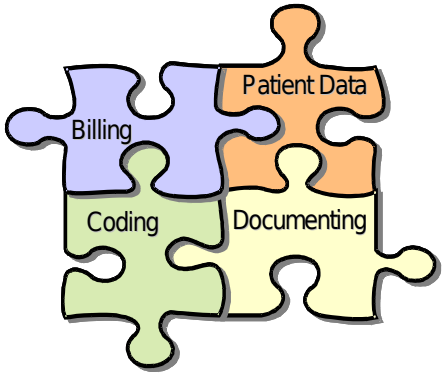
Dt/Time: 12 Apr 2005@0818 CASHIER ACTION SCREEN
Patient: MOOTZ,DON FMP/SSN: 99/236-84-7526
Act No.: A139 DMIS: 0308 **Status: Z**
Pat Cat: PATIENT NEC Status Dt: 11 Feb 2004 Sales Cd: FOR

Ins: No valid policy exists Pay Mode:
Remarks:

Total Charges to Date: 0.00 Current Balance: 0.00

Amount Transferred:
0.00

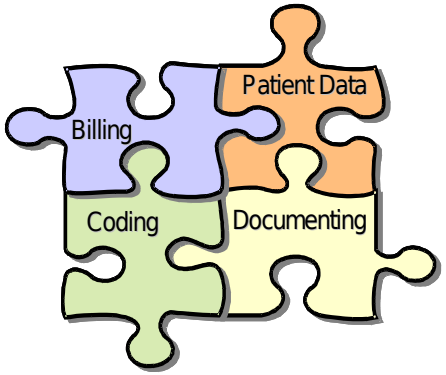
Balance Check



- **WARNING:**
  - Balance in Progress
  - WARNING: Nightly Run processing last completed on 18 Apr 2005
- **SOLUTION:**
  - Stop the Balance Check
  - MSA->OFM->BCP
  - Balance seems to be running. Do you want to stop it? NO// **YES …….Balance should stop**.

CORE COMPETENCIES

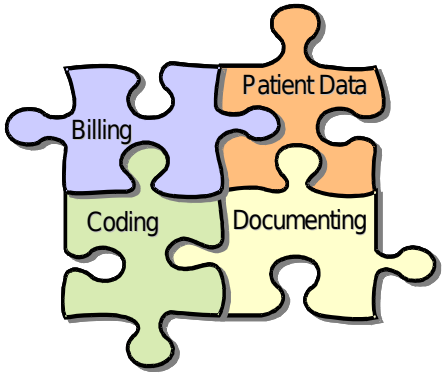
Summary



- **You have Total Control**
  - Recovery Needed
  - WARNING: Nightly Run last completed
  - Fix Status F and W accounts
  - Understand Balance Check issues

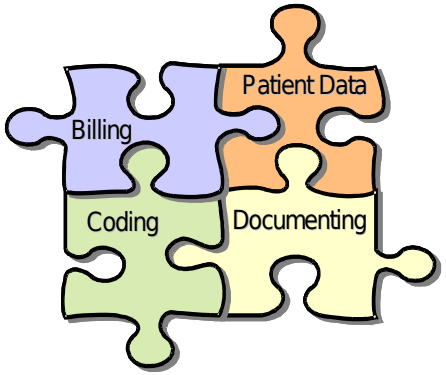
CORE COMPETENCIES

Solutions



Questions?

CORE COMPETENCIES



Ambulance Billing a MSA Function?

Chandra Washington

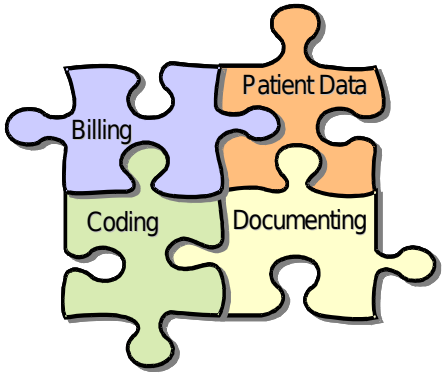
MSA Workshop

Thursday May 19, 2005

1300

CORE COMPETENCIES

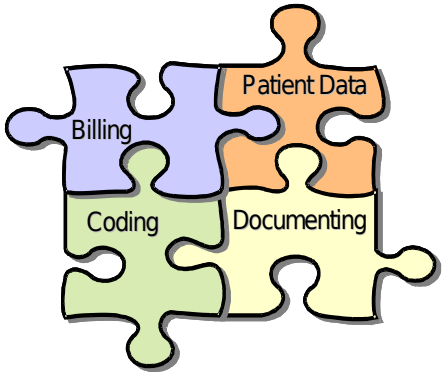
AMBULANCE BILLING



- **Medical Services Accounts, which includes Ambulance Services is governed by the following Regulations and Guidelines**
  - **Title 10 USC Section 1078 provides establishment of fair charges for medical and dental**
  - **DoD 6010.15-M provides guidance for MSA activities**
  - **DoD Functional Business Rules for Itemized Billing**
  - **Individual Services (AF, USA, USN) guidelines**
  - **Local MTF guidelines**

CORE COMPETENCIES

AMBULANCE BILLING

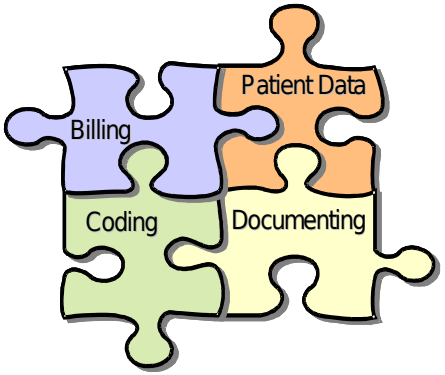


BILLING PROCESS

- **Invoice and Receipt – I&R**
  - **Used for Non-DoD beneficiaries**
    - **Reimbursement for inpatient and outpatient services (FRR rate)**
    - **Inpatient charge is based on a DRG based calculation**
    - **Outpatient charge is itemized based on procedures**
    - **Charges may be appended or excluded**
    - **Payment for outpatient services is expected before care is rendered**

CORE COMPETENCIES

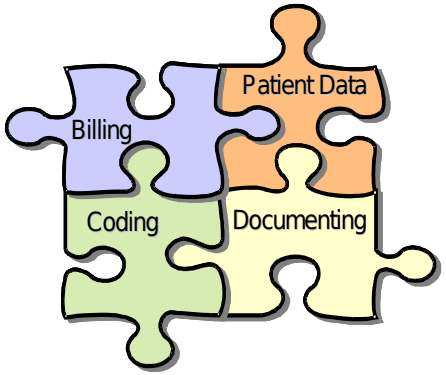
AMBULANCE BILLING



BILLING PROCESS

- **Ambulance billing is based on the appropriate MEPERS functional cost code (FCC).**
- **Ambulance charges are based on hours of service in 15 minute increments. The hourly charge for Ambulance Service is all-inclusive. Supplies and mileage should not be billed separately.**
- **MTF's will calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour shall be rounded up to the next 15 minute increment (e.g., 31 minutes shall be charged as 45 minutes).**

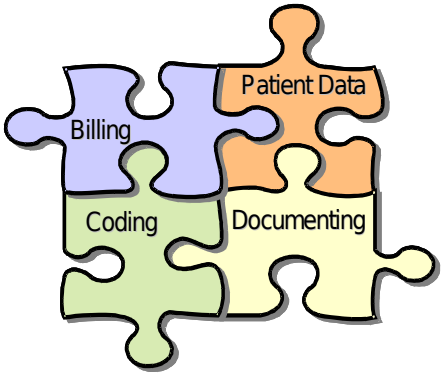
AMBULANCE BILLING



- Ambulance services are hand-keyed and billed on the UB-92 Claim Form in TPOCS for TPC billing and the I&R or DD7A for MSA billing

- Ambulance modifiers are used to describe both the place of origin and the destination. The first character indicated the origin while the second character indicates destination

AMBULANCE BILLING



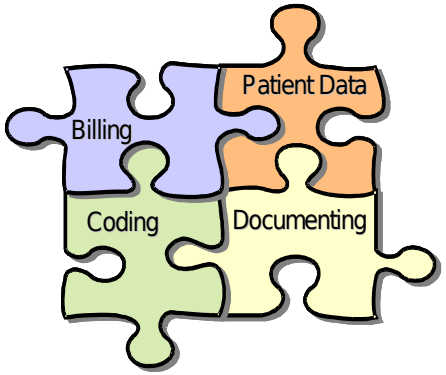
AMBULANCE HCPCS MODIFIERS

D – Diagnostic or therapeutic site other than “P” or “H” when these codes are used as origin codes.

E – Residential , domiciliary custodial facility.

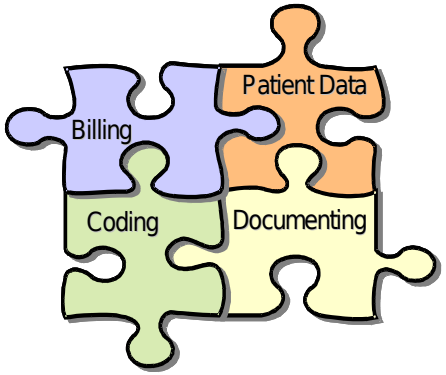
G – Hospital-based dialysis facility (hospital or hospital-related)

AMBULANCE BILLING



- H – Hospital
- I – Site of transfer (e.g., airport or helicopter pad) between types of ambulance.
- J – Non hospital –based dialysis facility.
- N – Skilled nursing facility (SNF).
- P – Physician's office (includes HMO non-hospital facility, clinic, etc)

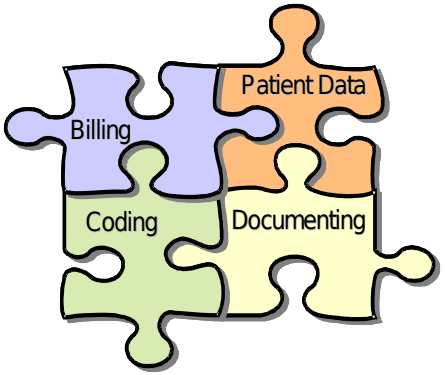
AMBULANCE BILLING



- R – Residence
- S – Scene of accident or acute event
- X – (Destination code only) Intermediate stop at physician's office on the way to the Hospital (includes HMO and non-hospital facility, clinic, etc)

CORE COMPETENCIES

AMBULANCE BILLING

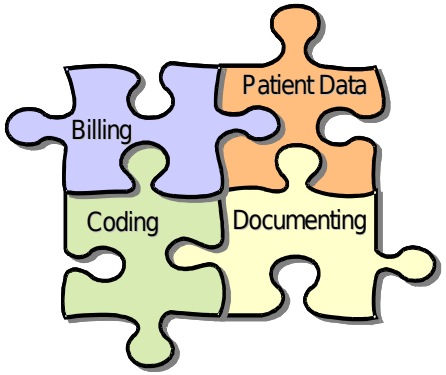


Kimbrough Ambulatory Care Center Best Billing Practice

- Initiated in 2004 as a result of slow or non payment of ambulance services.
- Joint venture between Medical Services Accounts and Emergency Medical Services

CORE COMPETENCIES

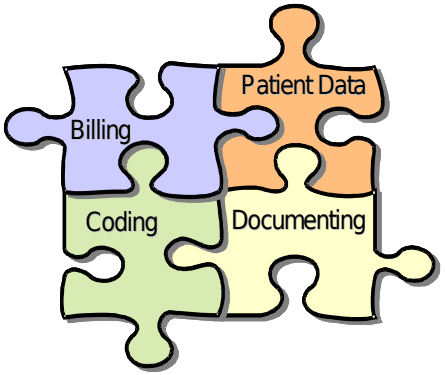
AMBULANCE BILLING



- Mutual understanding between MSA and EMS as to what data was needed to effectively process Ambulance claims.
- EMS developed Third Party Collection Program Ambulance Encounter Form.
- Encounter form simplified MSA ambulance billing.

CORE COMPETENCIES

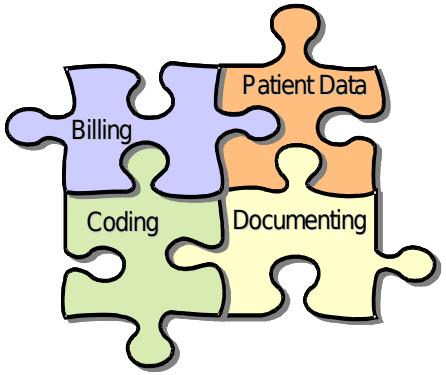
AMBULANCE BILLING



- To expedite payment for ambulance services KACC began using TPOCS to generate UB-92 billing forms.
- Ambulance claims processed in TPOCS, non-itemized.
- Invoice and Receipt also generated in CHCS.

CORE COMPETENCIES

AMBULANCE BILLING



TPOCS 3.1.4 - Non Itemized Billing - [Patient Billing [764487]]

File Edit Data Patients Billing Accounting Reports Tools Window Help

Bill

Bill Type 4 AMBULANCE — Date of Service — Control #

Reporting Code KIMBROUGH MSA 01/01/2005 thru 01/01/2005 Rank/Src Primary bill MANUAL

Patient ID/Name 20111111111 DOE JOHN Disposition INCOMPLETE

MEPRS FEAA AMBULANCE SERVICE A Occurrence Code 01

Provider AMBULANCE AMBULANCE SERVICE AMBULANCE Occurrence Date 01/01/2005

Policy 20111111111 CARE FIRST BC/BS Total Bill Amount $110.00

Ambulance

CPT4: A0429 BLS EMERGENCY AMBULANCE SER\ 540

Minutes 60

Remarks

>>

<<

Diagnosis

Code	Description
410.91	MI,UNSPEC SITE,INIT EPISODE

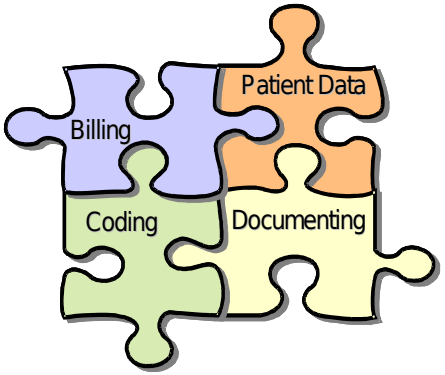
Procedure

Code	Description

Diagnosis Code | Row 1 of 1 | Outpatient | WASHINGC | 5-6-05 10:22:03 | TPOCS

start http:/... Micros... TPOC... My Computer -- User: Chandra.Washingto 10:22 AM

AMBULANCE BILLING

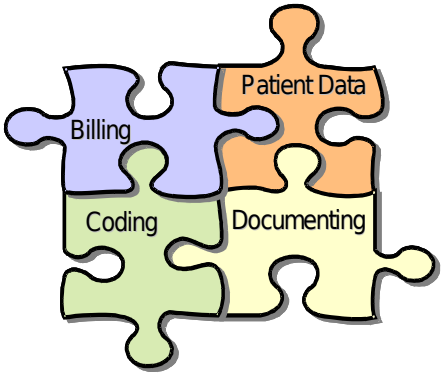


ADVANTAGES / DISADVANTAGES TO TPOCS AMBULANCE BILLING

- ADVANGES –
  - **UB92 Form easily recognized by Third Party Payers.**
  - **Faster collections**
  - **Invoice and Receipt not industry friendly. Payers unfamiliar or reluctant to process I&R.**
  - **Patient not asked to pay for services covered by a Third Party Payer.**

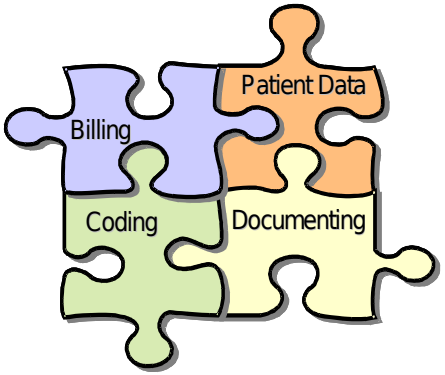
CORE COMPETENCIES

AMBULANCE SERVICES



- **DISADVANTAGES**
  - **Bulk Payment Checks – Third Party Payers do not distinguish between ambulance services and clinic services when payment is made. Funds received in bulk payment for ambulance services must be refunded and a separate check for the ambulance service must be issued**
  - **AMBULANCE BILLING IS A MSA FUNCTION – Funds collected through MSA (outpatient) can not be posted to TPOCS.**
  - **Funds received in bulk payment for ambulance services must be refunded and a separate check for the ambulance service must be issued.**

AMBULANCE BILLING



WORKING SULUTIONS TO DISADVANTAGES

- Explanation letter mailed with UB92 to third party payers requesting separate checks for specific ambulance patients.
- Letter sent to third party payers requesting separate check after bulk payment is received.